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CONFIRMATION NO. 5589

<b>SERIAL NUMBER</b> 10/813,865	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2416	<b>ATTORNEY DOCKET NO.</b> SOM920030005US2
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/490,627 07/28/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

25259

**TITLE**

ADAPTIVE QOS SYSTEM AND METHOD

<b>FILING FEE RECEIVED</b> 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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